C-4

EPA General Permit WAG130000 - Annual Report

Annual Report of Operations for Year 2018

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG 130009

Facility & Owner Information

Facility Name:
FORD HATCHERY

Operator Name (Permittee):
WA DEPT. OF FISH AND WILDLIFE

RECEIVED
JAN 29 2019
EPA - REGION 10
Office of Compliance and Enforcement

Address:
P.O. BOX 70
FORD, WA 99013

Email: jacob.wolfe@dfw.wa.gov
Phone: 509-258-4269

Owner Name (if different from operator):

Email:
Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ■ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ■ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 73950

Pounds of food fed to fish during the maximum month:
9,700

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned
Rainbow trout	57750	Stevens,Spokane,Pend Orielle	Mar,April,Oct.
Kokanee	7200	Grant and Stevens counties	June,Oct.
Brown trout	4000	Spokane and Stevens counties	Nov.
Brook trout	2000	Spokane and Stevens counties	Nov.
Tiger trout	1200	Pend Oreille county	June
Cutthroat trout	1800	Pend Oreille county	June

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month.**

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	32500	7400	July	17500	3750
February	35000	8550	August	23000	5200
March	38500	9700	September	26500	6200
April	27500	5600	October	21250	7000
May	18000	3200	November	22400	5100
June	10200	2450	December	26700	5200

Additional Comments:

Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
fish mortality	1/1/18-12/31/18	on-site landfill
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
1/1-12/31/18	normal mortality and light cases of bacterial gill disease	Drip treatment of Chloamine-T	1430lbs
Additional Comments:			

Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired

Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year.**
Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
☐ Yes ☐ No	Azithromycin
▣ Yes ☐ No	Chloramine-T: ***See additional reporting requirements on page 7***
☐ Yes ▬ No	Chlorine
☐ Yes ▬ No	Draxxin
☐ Yes ▬ No	Erythromycin - injectable
☐ Yes ▣ No	Erythromycin - medicated feed
☐ Yes ▣ No	Florfenicol (Aquaflor)
▣ Yes ☐ No	Formalin - 37% formaldehyde: ***See additional reporting requirements on page 7***
☐ Yes ▣ No	Herbicide - describe:
☐ Yes ▣ No	Hormone - describe:
☐ Yes ▣ No	Hydrogen Peroxide: ***See additional reporting requirements on page 7***
☐ Yes ☐ No	Iodine: ***See additional reporting requirements on page 7***
☐ Yes ☐ No	Oxytetracycline
☐ Yes ▬ No	Potassium Permanganate: ***See additional reporting requirements on page 7***
☐ Yes ▣ No	Romet
☐ Yes ▣ No	SLICE (emamectin benzoate)
▣ Yes ☐ No	Sodium Chloride - salt
☐ Yes ▣ No	Vibrio vaccine
☐ Yes ☐ No	Other:
☐ Yes ☐ No	Other:

Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Halmid Aqua		Generic Name: Chloramine-T	
Reason for use: Bacterial Gill Disease			
☐ Preventative/Prophylactic ■ As-needed	Total quantity of formulated product per treatment (specify units): 477	Total quantity of formulated product used in past year (specify units): 31.66 lbs	
Date(s) of treatment: 6/9-11, 6/24-25, 7/11-13, 7/30-8/3, 8/23-24, 9/5-9/7/18			Total number of treatments in past year: 45
Maximum daily volume of treated water: 10800 gal.	Treatment concentration (specify units): 15ppm	Duration and frequency of treatment(s): 1hr per treatment/3 consecutive days	
Method of application:	☐ Static Bath ■ Flow-through	☐ Medicated Feed ☐ Other (describe):	
Location in facility chemical was used (check all that apply):	☐ Raceways ■ Incubation building	■ Ponds ☐ Off-line settling basin	☐ Other (describe):
Where did water treated with this chemical go? (check all that apply):	☐ Discharged w/o treatment ☐ Settling basin	☐ Septic System ☐ Publicly owned treatment works	■ Other (describe): effluent
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: 45ppm sodium was used to dilute chloramine-T			

Brand Name: parasite-S		Generic Name: formalin	
Reason for use: prevent fungus on eggs			
■ Preventative/Prophylactic ☐ As-needed	Total quantity of formulated product per treatment: 1 gallon	Total quantity of formulated product used in past year (specify units): 85 gallons	
Date(s) of treatment: 10/8-12/15/18			Total number of treatments in past year: 50
Maximum daily volume of treated water: 600gallons	Treatment concentration (specify units): 1:600	Duration and frequency of treatment(s): daily	
Method of application:	☐ Static Bath ■ Flow-through	☐ Medicated Feed ☐ Other (describe):	
Location in facility chemical was used (check all that apply):	☐ Raceways ■ Incubation building	☐ Ponds ☐ Off-line settling basin	☐ Other (describe):
Where did water treated with this chemical go? (check all that apply):	■ Discharged w/o treatment ☐ Settling basin	☐ Septic System ☐ Publicly owned treatment works	☐ Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments		
Tank Volume	none	Liters
Desired Static Bath Treatment Concentration		µg/L
Volume of Product Needed		Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day		Specify Units
Maximum % of Facility Discharge Treated		% of Total Discharge

Flow-Through Treatments		
Tank Volume	62370	Liters
Calculated Flow Rate	544	Liters/Minute
Duration of Treatment	60	Minutes
Desired Flow-Through Treatment Concentration of Product	15ppm	µg/L
Amount of Product to Add Initially	477grams	Liters Product
Amount of Product to Add During Treatment	315	mL/Minute
Total Volume of Product Needed	18925	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day		Specify Units
Maximum % of Facility Discharge Treated		% of Total Discharge

Chemical usage-Attachment

Date	Chemicals used, number of days used, maximum concentration in effluent	Yearly total
April-June	Chloramine-T, 15 days, no concentration at effluent	14,373 grams
Sept.	Iodine, 3 days, less than .5 ppm	5 gal.
Oct.-Dec.	Formalin, 40 days, less than .5ppm	85 gal.